



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF NUTRITIONAL HEALTH AND SERVICES  
BUREAU OF NUTRITION SERVICES AND WIC  
**HIGH RISK NUTRITION CARE PLAN FOR PRENATAL WOMEN**

PARTICIPANT NAME	DATE MO DAY YR
DIET/HEALTH OBJECTIVE	ACHIEVED <input type="checkbox"/> YES <input type="checkbox"/> NO

**Directions:** Circle the appropriate high risk. If the risk is not listed, include under "other RF" box. Complete the tasks listed across the top. The CPA should date and initial in the box provided. ***If a high risk nutrition care plan is not indicated, record justification in documentation section on the back of this form, Progress Notes, Certification Form or approved local agency form.***

RISK FACTORS	WEIGHT	DIET	REFERRAL
X1 Low Weight Gain  X2 Weight Loss	Weigh at each visit. Explain components of weight gain, risk involved with inadequate weight gain and prenatal weight gain chart.	<u>Assess as needed.</u> Check for prenatal vitamin use. Address possible nutrition-related factors. Emphasize food choices with high nutritional value.	Refer to Health Care provider if weight gain continues to be inadequate.
Y1 Anemia Severe	Weigh as needed. Explain components of weight gain and how it relates to anemia. Recommend weight gain based on Prenatal Weight Gain Chart.	<u>Assess as needed.</u> Discuss symptoms of anemia. Instruct on good food sources of iron and vitamin C. Check for iron supplement use.	Refer to Health Care provider for follow-up of Hgb/Hct.
RISK FACTORS	WEIGHT <u>Assess as needed.</u>	DIET <u>Assess as needed.</u>	REFERRAL Refer as needed.
Other Risk Factors  _____  _____  _____  _____			



**If a prenatal has the risk factor X1, X2 or Y1, a high risk care plan MUST BE COMPLETED.**

A prenatal with a high risk other than X1, X2 or Y1 should be evaluated further to determine whether or not a care plan is needed (see question below). If the participant is being followed by a healthcare professional for that risk, document below and the rest of the care plan does not need to be completed. This applies to a prenatal whose only risk factor is Z2.

- Is the prenatal seeing a healthcare professional for this risk? If yes, document the healthcare professional's name, title and phone number/affiliation here or explain other justification for CPA deeming High Risk Care Plan (HRCP) does not need to be completed.

[illegible]

**PROGRESS NOTES:** (attach additional sheets if needed)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**NUTRITION EDUCATION DOCUMENTATION**

NE DATE	STAFF INT	CODES	2 <sup>ND</sup> NE DATE	STAFF INT	CODES
3 <sup>RD</sup> NE DATE	STAFF INT	CODES	4 <sup>TH</sup> NE DATE	STAFF INT	CODES
5 <sup>TH</sup> NE DATE	STAFF INT	CODES	6 <sup>TH</sup> NE DATE	STAFF INT	CODES